

SERIAL NUMBER 09/207,170	FILING DATE 12/07/98	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 16842-750
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APPLICANT

KENNETH J. LIVAK, SAN JOSE, CA; SUSAN J.A. FLOOD, FREMONT, CA; JEFFREY MAMORO, AURORA, CO; KHAIRUZZAMAN BASHAR MULLAH, UNION CITY, CA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A CON OF 08/558,303 11/15/95 PAT 5,876,930  
WHICH IS A CON OF 08/340,558 11/16/94 PAT 5,538,848

M

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

M

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

M

FOREIGN FILING LICENSE GRANTED 01/28/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Verified and Acknowledged		Examiner's Initials <u>M</u>	Initials _____		

SEE CUSTOMER NUMBER: 021971

ADDRESS

HYBRIDIZATION ASSAY USING SELF-QUENCHING FLUORESCENCE PROBE

TITLE

FILING FEE RECEIVED

\$760

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
NO. \_\_\_\_\_ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext. of time)
- ☐ 1.18 Fees (Issue)
- ☐ Other \_\_\_\_\_
- ☐ Credit

SERIAL NUMBER 09/207,170	FILING DATE 12/07/1998	CLASS 435	GROUP ART UNIT 1655	ATTORNEY DOCKET NO 16842-750
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APPLICANT  
KENNETH J LIVAK, SAN JOSE, CALIFORNIA; SUSAN J.A FLOOD, FREMONT, CALIFORNIA; JEFFREY MAMORO, AURORA, COLORADO; KHAIRUZZAMAN BASHAR MULLAH, UNION CITY, CALIFORNIA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
 VERIFIED THIS APPLN IS A CON OF 08/558,303 11/15/1995 PAT 5,876,930  
 WHICH IS A CON OF 08/340,558 11/16/1994 PAT 5,538,848

\_\_\_\_\_  
 \*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
 VERIFIED

\_\_\_\_\_  
 \*\*FOREIGN APPLICATIONS\*\*\*\*\*  
 VERIFIED

\_\_\_\_\_  
 FOREIGN FILING LICENSE GRANTED 01/28/1999

Foreign priority claimed 35 USC 119 (a-d) conditions met	O yes O no O yes O no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	_____ Examiner's Name Initials	CA	5	1	1

ADDRESS  
WILSON SONSINI GOODRICH & ROSATI  
650 PAGE MILL ROAD  
PALO ALTO , CA 94304-1050

TITLE  
HYBRIDIZATION ASSAY USING SELF-QUENCHING FLUORESCENCE PROBE

FILING FEE RECEIVED  \$**760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	O All Fees O 1.16 Fees (Filing) O 1.17 Fees (Processing Ext. of Time) O 1.18 Fees (Issue) O Other _____ O Credit
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